



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 36868		2. Name of Corporation EL PAISA RESTAURANT, INC.			
3. Street Address Principal Business Office 598 DEXTER STREET			City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone No. (401) 726-8864		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CESAR ZULETA			Vice President Name DONATILA ZULETA		
Street Address 220 POWER ROAD			Street Address 220 POWER ROAD		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02863
Secretary Name CESAR A. ZULETA			Treasurer Name ADRIANA ZULETA		
Street Address 18 YOUNG STREET			Street Address 220 POWER ROAD		
City NORTH PROVIDENCE	State RI	Zip 02840	City PAWTUCKET	State RI	Zip 02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CESAR ZULETA			Director Name DONATILA ZULETA		
Street Address 220 POWER ROAD			Street Address 220 POWER ROAD		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1,000	Class/Series COMMON	Par Value NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

OCT 06 2009

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature _____ Date 10/2/09
CESAR ZULETA
Print or Type Name
PRESIDENT
Title